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ABSTRACT

This paper offers an historical overview of remedial reading from 1966 through 1975. Focusing on just a few of the most rapidly changing aspects which stand out as having been of major significance, topics which are discussed include governmental intervention and support, the impact of the learning disabilities movement, the difficulties of defining reading disability, developments in the causation of reading disabilities, diagnostic and prescriptive reading instruction, and the early detection of potential disabilities. (HOD)

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TEN YEARS OF PROGRESS IN REMEDIAL READING

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At the I.R.A. Convention in May, 1967, I presented a paper on the topic, Five Decades of Remedial Reading (Harris, 1968). The first American paper on remedial reading had been published in 1916, and the 50-year period to 1965 made a neat unit for an historical overview. It now seems appropriate to take a look at what has happened in another ten-year period, the decade from 1966 through 1975.

When we are busily engaged in our duties and responsibilities, it pays to pause and take a backward look every now and then. This can remind us where we have been, what we have done, and in what direction we have been moving. It can help us to distinguish between mere movement and real progress. While it cannot guarantee that we will move in the right direction, it can at least prevent us from going around in circles, rediscovering the wheel and reinventing the match, repeating old mistakes disguised under smart new labels.

So much has happened during this decade just ended that selection has been an overwhelming problem. It is impossible to cover every development in a presentation of this length, so just a few of the most rapidly changing aspects affecting remedial reading will be discussed.

Governmental Intervention and Support

As the decade began, the impact of the Elementary and Secondary Education Act of 1965 was just beginning to be felt. During the next three years, millions of federal dollars were for the first time spent on various aspects of reading instruction. Under Title I of the Act hundreds of projects for disadvantaged pupils were funded, the majority of which involved provisions for remedial reading. Under Title III of

the Act, many innovative reading projects were started, and many of them involved new remedial services. These were funded for a limit of two or three years, and most of them died when federal funds ran out. Other Titles provided money for improving school libraries, for institutes to train reading specialists, and for the purchase of much expensive equipment that tended to remain in closets and storerooms.

Soon after the advent of the Nixon administration, most of these projects were abruptly terminated, although Title I remained in effect. Federal funding shifted toward the area of special education. The Bureau of Education for the Handicapped, started in 1963, became a source of support for research and demonstration projects in special education, and began to exert a strong influence on training programs for teachers of exceptional children.

Impact of the Learning Disabilities Movement

The emergence of the learning disabilities movement may be dated from a conference in 1963 at which a number of leaders in the education of mentally retarded and neurologically impaired children decided to form an organization centered on children with learning disabilities. The Association for Children with Learning Disabilities (ACLD) was formed in 1964. Its program had four emphases: 1) enlisting the active support and participation of parents; 2) securing federal and private grants for research, demonstrations, and training programs, particularly from the National Institute of Health and the Bureau for the Education of Handicapped Children; 3) intensive lobbying at national, state, and local levels for laws to include learning disabilities among

the groups requiring special education; and 4) rapid development of training programs for teachers in this new specialty. In 1968 the Council for Exceptional Children organized a new division concerned with learning disabilities, and in that year the Journal of Learning Disabilities was started and quickly became the main journal of the learning disabilities movement.

The learning disabilities movement made progress in all four of its main objectives with amazing rapidity. A legal definition of learning disabilities was adpted in the Children with Specific Learning Disabilities Act of 1969. This definition reads as follows:

> Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantage.

In view of the ambiguity of the term dyslexia, knowing which children should be considered to have learning disabilities quickly emerged as a major unsolved issue of territorial rights between learning disability teachers and reading specialists. The Education for All Handicapped

Children Act, passed in the fall of 1975, mandates and provides support for special services for children with learning disabilities. However, a ceiling of not more than 2 percent in this category is also established. Meanwhile many states passed laws requiring school districts to provide special education for learning disabilities, although in some states they were called perceptually handicapped, educationally handicapped, minimally brain damaged, etc. These state laws have been usefully summarized by Gillespie, Miller and Fielder (1975). There is no uniformity in the definitions used, the criteria for selection, etc.

Meanwhile, despite impressive legislative successes, there is much turmoil within the learning disabilities movement. The official definition has been recently attacked as vague, ambiguous, and unhelpful, but there is no agreement on a better one. Wiederholt wrote (1974):

> It is unlikely that this problem of definition will be solved in the near future. In the meantime, however, the term "learning disabilities" will probably continue to mean a different variety of dysfunctions to different people, with accompanying incidence figures ranging anywhere from less than 1 percent to over 20 percent of the school-age population. Schools will probably continue to include in this category children who are variously underachievers, emotional- or conduct-disordered, or dull-normal pupils who are failing in school -- none of whom clearly fit under another classification in special education, e.g., mentally retarded, deaf, blind.

Instructional emphasis of learning disability teachers has tended to emphasize the strengthening of underlying psychological abilities rather

than direct teaching of academic skills and knowledge, and has gone through a remarkable number of changes in just a few years. McCarthy (1969) commented as follows:

> Methodologically we started with visual perception, then went to sensori-motor training, then to ocular pursuit, then to the establishment of cerebral dominance, then to stimulus reduction, then to auditory perception or language training, then to multi-sensory training, then to integration of sensory stimuli, then to an analytic approach, and then to behavior modification ... The focus of remediation has been passed from the social worker to the pediatrician to the psychiatrist to the psychologist to the neurologist to the endocrinologist and now back to the teachers.

Despite the fact that the learning disabilities movement from the start has emphasized the training of such abilities as perception, attention, and so forth, the accumulating evidence fails to show any direct payoff of such training in growth in such areas as reading (Robinson, 1972; Hammill, Goodman, and Wiederholt, 1974).

Within the entire special education movement there has been a trend toward mainstreaming in recent years. Mainstreaming means placing the handicapped child in regular classrooms and having him do as much of his learning there as possible, while receiving help from a special resource teacher as much as needed. The shift is from the self-contained all-day classroom for the handicapped, toward integration into the regular school program. The learning disabilities teacher, in this new role, must function as a resource and consultant

for the classroom teacher as well as working with children individually and in small groups. This is a new role for learning disability teachers and one for which many of them have not been prepared.

In actual practice, there are many similarities between the responsibilities of reading specialists and those of learning disability teachers. In a recent study by Burgett and Dodge (1976) there were significant differences between reading specialists and learning disability teachers on only five of 39 possible functions.

Some recent writers have suggested the abolition of such labels as learning disability and reading disability and instead propose that we think of children with special problems. This suggestion has been made by Senf (1975) from the learning disability side and by Artley and Hardin (1976) from the reading side. In either case, teachers would need a broader type of training than either group receives now.

The Definition of Reading Disability

The definition of reading disability which I offered in 1970 reads as follows: "Reading disability applies to retarded readers whose reading is significantly below expectancy for their age and intelligence and is also disparate with their cultural, linguistic, and educational experience." (Harris, 1970, p.11) However, the phrase "significantly below expectancy" allows for a variety of procedures and criteria. A recent study found that the best correlation with reading performance was obtained with the simple procedure of subtracting mental age from reading age (Dore-Boyce, Misner, and McGuire, 1975). However, the intelligence test used was a group test that requires reading, and the

results are therefore of limited value. The use of a quotient technique, employed by Monroe (1932), Myklebust (1968), and Harris (1970), has advantages over a subtraction procedure in that it applies more evenly over a range of ages.

The term dyslexia continues in wide use, especially in medical and popular writing, despite the great ambiguity of the term, which has been used with over twenty specific meanings. For educators the term dyslexia has no advantages. Although it is only a label, it conveys the impression of providing information about causation, while all it really means is "faulty reading." Both the National Advisory Committee on Dyslexia and Related Reading Disorders in the U.S.A. (1969) and the Advisory Committee on Handicapped Children in Great Britain (Tizard, 1972) concluded that dyslexia is not a useful term.

It is still true that in the selection of children both for inclusion in remedial programs and for research, a variety of criteria have been and are employed. This makes it difficult to make comparisons, whether of population characteristics or of the results of remedial programs. The absence of agreement on a definition and criteria continues to interfere with progress.

One should note that mild to moderate reading difficulties are much more frequent than severe disabilities, although they get much less attention in the literature, and probably make up about 75 percent of the total reading disability population, which is still estimated at between 10 and 15 percent of the total school population. If not more than 2 percent can qualify as learning disabled in the future, most reading disabilities will remain in the province of the classroom

teacher, with or without the help of a reading specialist.

Developments in Causation

One of the more important studies of the decade was conducted by Klasen (1972), who made a careful analysis of about 500 clinic cases. She concluded: "The more we learn, the more we see that we are dealing with a varied syndrome of multiple causation... It is not just one particular symptom which characterizes the dyslexics as a group, but rather a heterogeneous syndrome of associated disorders, consisting of various physiological and social components." Klasen used dyslexia broadly as the equivalent of reading disability.

Another important study was completed by Doehring (1968), in which a test battery providing over 100 scores, a neurological examination, and case history data were used. Doehring suggested that his cases probably were of three types, a perceptual deficit type, a language deficiency type, and a mixed type with both perceptual and verbal deficits. His most discriminating non-reading measures were tests of rhyming and of rapid visual perception. Similar conclusions about the existence of perceptual deficit, language deficit, and mixed types were reached by Kinbourne and Warrington (1966) and by Ingram (1969), using quite different populations and different examining methods. Klasen (1972) also found that about one-fifth of her cases had a Verbal I.Q. significantly higher than Performance I.Q., about one-fifth had a significantly higher Performance I.Q., and the remaining three-fifths did not show a significant difference.

Perhaps the most promising new lead is the proposal that disturbed cerebellar and vestibular functioning may be important in the causation

of reading disabilities. The cerebellum is a large nerve mass that lies at the back of the brain, below the cerebral hemispheres. Its function seems to be to take care of the automatic control of movement and fine coordination. The vestibular sense is the sense of balance, which is dependent on the functioning of the three semi-circular canals of the inner ear. The clearest exposition of this idea is to be found in recent papers by Julio de Quirós of Argentina (1976 a, b). He uses medical tests, such as the reflex response to pouring hot or cold water into the ear. He reports abnormal vestibular responses in 52 of 63 learning disability children and says that his tests can detect vestibular dysfunctions even with infants.

Frank and Levinson (1975-76), New York physicians, used neurological examinations and a special "blurring speed test." They report that slow response on the blurring speed test is found in 8 to 10 percent of children in general, but only half of those children, about 4 percent, have difficulty with reading. They interpret their results as showing a qualitative scanning defect resulting from cerebellar-vestibular dysfunction, a defect for which many children can compensate. They believe that their findings provide an explanation for directional confusion, delayed laterality, and distorted visual-motor functioning. They also report that anti-sea-sickness drugs are helpful to many of these children.

A sociolinguistic investigator has provided insight into the reading retardation of many inner-city children. Labov (1972), in studying the speech patterns of black youths in Harlem, discovered a strong relationship between reading and membership in street groups. In one

neighborhood, 44 of 46 members of street groups such as the Cobras and the Jets were retarded 2 to 7 years in reading. Of 32 non-members, three were above grade in reading, 8 were on grade, and three were one year retarded. Labov asserts that the main cause of the severe reading retardation of the group members is culture conflict between the school and the mores of the street groups. "The school environment and school values are plainly not influencing the boys firmly grounded in street culture ... teachers in city schools have little ability to reward or punish members of the street culture or to motivate learning by any means." (Labov, 1972, p.252)

Labov does not deny that a mismatch between the teacher's speech and the dialect spoken by the children can interfere with reading, but believes that negative attitudes created by the teacher's labeling of the dialect as an inferior or defective way of speaking is the real problem. He believes that most dialect-speaking children, exposed to much television, comprehend standard English well enough for learning to read. Labov's opinions stand in marked contrast to those of linguists like Baratz (Baratz and Shuy, 1969; Cullinan, 1974) who advocate teaching the child to read in his own dialect.

All too many of the research studies published during the decade compared a group of disabled readers or disabled learners with a control group on a limited number of measures. By assuming that the disabled group may be treated as homogeneous, these researchers have ignored the probability that there may be important subgroups with contrasting characteristics within the disabled population. Finding differences between the average scores of disabled and normal groups is not likely to lead to much progress.

The decade 1966-1975 saw the development of international comparisons and conjectures about the relation between a language and its orthography, and the frequency of reading disabilities. In 1968 Makita, an internationally known Japanese psychiatrist, called attention to the extremely low incidence of reading disability among Japanese children, which he placed at about one percent. At the Vienna IRA Congress in 1974 both Makita and Sakamoto confirmed this low incidence. They attributed this low incidence in part to the ease of learning the Hiragana characters, which are graphemes for the only 71 syllables in the language, and in part to the active role taken by Japanese parents, who start reading to their children early in the preschool period and provide them with many books and with toys like alphabet blocks. Most Japanese children have mastered the Hiragana script before entering the first grade. The difficult part of learning to read and write, for Japanese children, is learning to recognize and write the 1500 characters of the Kanji system, which each stand for an idea. Modern Japanese is written in a combination of Hiragana and Kanji characters.

The Japanese reports seem to confirm the judgment of Huey, who wrote in 1908 that the most effective way for children to learn to read is at mother's knee. "The secret of it all lies in parents' reading aloud to and with the child"(Huey, 1908, p.322) They also lend some support to the suggestion made by Gleitman and Rozin (1973) that the syllable, or letter, rather than the word should be the basis of beginning reading instruction. However, it must be noted that Japanese has a far smaller number of syllables than English. It seems evident that most Japanese parents

do more than most American parents to get their children ready for reading and to help them get started in reading.

Shortly after the close of the decade, a volume edited by Tarnapol and Tarnapol (1976) provided interesting accounts of the status of reading disabilities in 18 different countries. This should provide many leads for cross-national and cross-linguistic comparisons with regard to reading disabilities and their correction.

Diagnostic and Prescriptive Reading Instruction

As the decade began, individualized reading meant to most people the kind of laissez-faire program characterized by the slogan, "seeking, self-selection, and self-pacing." A big change has occurred during the decade, with emphasis on individualized skill development as exemplified in the term "diagnostic and prescriptive reading instruction."

Such a plan ususally starts with the compilation of a comprehensive list of detailed reading objectives. A pretest and a posttest are developed for each objective. Materials are collected and prepared to provide an instructional sequence for each objective. To the extent possible, these materials are self-administering and self-correcting. Classroom space is usually divided into a number of learning centers, each with a different focus, and small groups rotate on schedule through the centers. Each child has assignments or contracts based on his pretest performance, and as he finishes practice for an objective, he takes a mastery test on it. If he passes, he goes on to another objective; if not, additional assignments for the same objective are given.

The teacher, in addition to being an arranger and trouble-shooter, spends much time in administering, scoring, and recording the results of the pretests and posttests and giving assignments. Some time is usually left for direct small-group or individual instruction. The plan may be combined with an open classroom physical arrangement or with team teaching.

This concept of teaching is still quite new and much needs to be learned about how to make it work effectively. Teachers in such a plan often complain about the time required for testing and record-keeping. The temptation to stress highly specific goals on which it is easy to test sometimes distorts the program into a great overemphasis on decoding. Much time is probably wasted in rigidly following the idea of a pretest for every objective. There is a strong temptation to go by the number of correct answers and not inquire how or why the child made his errors, so that diagnostic thinking is at a very low level. But if Utopia is still far away, this new movement may at least be headed toward it.

The probable effect of an effective diagnostic-prescriptive program probably will be to change the nature of a reading specialist's responsibilities. Probably more time will be spent as a consultant to the teachers and less time in direct remedial work with children. More children will have their needs met within the classroom, so that fewer will require outside help. The future of the reading specialist seems to be moving in the same direction as that of the learning disabilities teacher, toward becoming a resource person and helper to teachers who will be able to do much remediation in their regular classrooms.

For many children, the reading specialist will diagnose their special needs and advise the teacher on methods and materials suitable for that child. For the few children needing intensive, expert instruction, the specialist will provide individual and small group instruction as at present. The reading specialist will probably also take the initiative in referrals for further diagnostic study or for outside services, and will consult with parents more than at present.

Early Detection of Potential Disabilities

In 1966, de Hirsch, Jansky and Langford issued a little book that had a great impact. Entitled Predicting Reading Failure, it analyzed in detail the results of a study in which children were tested in kindergarten and reexamined near the end of second grade. With 90 percent accuracy in identifying the future failures and only 10 percent of passing children incorrectly identified as potential failures, it seemed to promise that failure could in the future be prevented by locating the children in risk of failure before they entered first grade, and apply corrective procedures that would help them to develop successfully. In a repetition of the study published in 1972 (Jansky and de Hirsch), they used a more varied group of children, with many black and Spanish-surname children. The Predictive Index was found to be less accurate than with the first group. With a changed passing standard, they were able to predict 77 percent of the failures, but also predicted failure for 35 percent who passed.

This study was widely acclaimed and during the decade several other methods for detecting potential disabilities early were developed. These included measures based on parent reports of the child's early develop-

ment (McLeod, 1966; Hoffman, 1971), and a rating scale to be filled out by kindergarten teachers (Banks, 1972). A recent procedure developed in Illinois, called SCREEN, is a combination of objective group tests similar to those in many reading readiness tests with a teacher rating scale, resulting in a diagnostic analysis of a child's specific weaknesses (Senf and Conrey, 1975). The data on the predictive accuracy of this instrument have not yet been published.

Further research in this area is urgently needed. At present it is not known if any of these special screening procedures is more accurate in predicting failure than a good group reading readiness test.

Pressure has been growing for the widespread application of early screening procedures before children enter the first grade. It is expected that when schools are given advance warning of the learning problems of some children, they will be able to make special provisions for those children which will prevent many failures.

But the proportion of children wrongly identified as probable future failures, 20 percent or more for most screening procedures, is disturbing. What will happen to a normal child who is mistakenly labeled as a child with a high risk of failure? How will that influence the perceptions and behavior toward him of his teacher and parents? To what extent will the prediction become a self-fulfilling prophecy? There are real possibilities of harm, and further improvement in the accuracy of early screening procedures seems desirable before widespread application takes place.

Summary and Conclusions

In looking back over the decade 1966-1975 a number of developments stand out as having been of major significance.

Federal funds caused a great increase in remedial reading programs at the beginning of the decade, and although much funding was abruptly terminated, the trained personnel remained and some projects continued with local funding.

The learning disabilities movement was just gaining momentum as the decade began, and has made great strides in legislation and program expansion. Internally the movement has much dissention which involves the definition of learning disabilities, the concept of mainstreaming, and confusion over instructional aims and goals. Many learning disability teachers stress training underlying psychological abilities, in contrast to remedial teachers who stress direct teaching of needed academic skills. The possibility of a wider specialty encompassing both emphases is beginning to be explored.

There is still a lack of agreement on how to estimate reading expectancy and how much disparity between reading performance and expectancy signifies a disability. This lack of agreement continues to hamper both research and practice.

Among the many research developments of the decade, four have been selected as especially significant. There is growing research evidence of the presence of subgroups within the reading disability population. Recent medical evidence points to vestibular and cerebellar functioning as causally significant. Widespread reading retardation among inner-city, minority group children may be due in part to a mismatch between their dialects and standard English, but the anti-school bias of the

street group or gang has emerged as possibly even more significant. The fourth major research development was the beginning of cross-national studies of reading disability and the influence of orthography on ease of learning to read.

In classroom procedures the emergence of diagnostic-prescriptive teaching has been the major new development. Assuming that this will take hold and spread, it seems to require that the reading specialist of the future will be more of a consultant than at present. Another school trend is growing interest in detecting potential failures before they happen, and overcoming deficiencies before the child enters formal reading instruction.

This has been an exciting decade, full of new developments, only some of which have been described here. Many of these new trends could not have been foreseen ten years ago. It will be fascinating to see to what extent these trends are continued into the next decade, and to watch for major new ideas that may produce unanticipated changes.

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